**The Skyrman Techno Fund Application Form**

Before completing this application, please read the Grant Application Information document to make certain that you understand the application requirements and process. Submit completed application forms electronically to adrake@oregoncf.org.

The annual application deadline is October 1 at 11:59 p.m.

**The fund supports projects in Jackson County only.**

|  |  |  |
| --- | --- | --- |
| **Applicant Name** | Prefix (Mr., Ms., etc.) |  |
| Name |  |
| Title |  | Email |  |
| **School/Organization** |  |
| Address |  |
| City |  | State |  | Zip code |  |
| Phone # |  | Website |  |
| **School District** |   |
| Superintendent |   | Prefix (Mr., Ms., etc.) |  |
| Address |  |
| City |  | State |  | Zip code |  |
| Project Title:  |  |
| Brief description of the project: |
|  |
| Number of students involved: |  | Age/grade level of students: |  |
| Total cost of project: |  | Funds available: |  |
| Amount requested from the Skyrman Techno Fund: |  |
| What skills and/or knowledge will students gain as a result of participating in the project? |
|  |
| Describe the population of students who will participate in this project, particularly noting if they are disadvantaged in any way. |
|  |
| How will these funds be used?  |
|  |
| Project timeline: |  |
| Project partners and roles, if any: |
|  |